# CHILD AND FAMILY SERVICES REVIEW NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF SOCIAL SERVICES

#### EXECUTIVE SUMMARY

# **Introduction**

Pursuant to section 1123(A) of the Social Security Act and 45 CFR 1355.31 through 1355.37, the U.S Department of Health and Human Services, through the Administration for Children and Families (ACF), is charged with the responsibility for reviewing federally-funded child and family services programs to determine the States' substantial conformity with State plan requirements and other requirements under titles IV-B and IV-E of the Act.

In order to carry out this responsibility, the Administration for Children and Families developed the Child and Family Services (CFS) Review, which is a process whereby ACF, in partnership with the States, monitors and evaluates the full range of child and family services, including child protective services, family preservation and support, foster care, independent living and adoption services.

North Carolina was the second State in the country to participate in the Child and Family Services Review. The review process was twofold. The first phase consisted of the development of a State Profile, derived from data for FFY 1999 contained in the Adoption and Foster Care Analysis and Reporting System (AFCARS) and for CY 1999 from the National Child Abuse and Neglect Data System (NCANDS). This profile highlighted key performance indicators relating to safety and permanency for children coming into the child welfare system. From this profile and other sources of information, North Carolina developed a Statewide Assessment, which described the process, procedures and policies of their child protective services, including foster care and adoption. This assessment also focused on the systemic factors in place which enable the State to carry out the process, procedures and policies of the program.

The second phase of the process involved an on-site review, which was conducted in three county offices and the capital of Raleigh the week of March 26, 2001. The purpose of the on-site review was to independently assess the quality of services to abused or neglected children and to verify the information contained in the State Profile and Statewide Assessment. This was accomplished by an intensive examination of 50 cases, drawn at random, of children who were active in the system during the period under review (1999). The cases were evenly divided between foster care cases and protective service (in-home) cases.

Forty-two State and federal reviewers and team leaders, operating in two-person (state/federal) teams, reviewed and rated the services provided these children and their families, in relationship to the three domains or major goals of safety, permanency and well-being. These ratings were derived from documentation in the case records as well as from interviews with those involved

with the cases, such as parents, caseworkers, foster parents, service providers, and when appropriate, with the children themselves.

Interviews and focus-group discussions were also held in the four sites with 123 pre-selected stakeholders who had the knowledge and experience to describe and assess the child and family services system. They included foster parents, judges, district attorneys, teachers, caseworkers and their supervisors, Guardian Ad Litems, police, and advocacy group representatives. The primary purpose of these interviews was to independently assess the quality and efficacy of the systemic factors described in the Statewide Assessment.

The results of the Statewide Assessment, the on-site case reviews and the stakeholder interviews were compiled by the review team into this report and were used to make a determination about North Carolina's substantial conformity with regard to each of seven outcomes related to safety, permanency and well-being, and each of seven systemic factors.

# KEY FINDINGS RELATING TO SAFETY, PERMANENCY AND WELL-BEING

### I. SAFETY

• 81.6% of the cases reviewed substantially achieved Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

At all three local sites, it was the consensus of the review team that prompt and appropriate intervention on initial reports of child maltreatment was a strength in the State's child welfare program. A central registry on the investigation and disposition of reported maltreatment enables staff to track the history of families' previous involvement with protective services.

There was an indication that reports of repeat maltreatment on active cases are not given the same level of timely intervention and investigation as are initial reports of maltreatment in families unknown to the agency. The incidence of reported repeat maltreatment (7.98%) exceeded the national norm (5%) and may be higher due to underreporting. The State's incidence of maltreatment in foster care (.83%) also exceeded the national standard (.4%).

• 69.4% of the cases reviewed substantially achieved Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

In several cases there was either an absence of services to prevent removal of children from the home or the services were delayed. Stakeholders cited a range of reasons for inadequate service provision, from an absence of service resources, to high workloads, to the need for bi-lingual caseworkers and service providers.

#### **Status of Safety Outcomes: Need for Improvement**

#### II. PERMANENCY

• 73.3% of the cases reviewed substantially achieved Permanency Outcome 1: Children will have permanency and stability in their living situations.

North Carolina has an exceptionally low rate of foster care re-entries and this may in part be attributable to the use of trial home placements prior to permanent reunification.

AFCARS data shows that 62.3% of children in foster care experience two or fewer placements, well below the national standard of 89%. The case review revealed the most likely disrupted foster care placements involve adolescents with behavioral issues.

The median length of time in foster care has steadily shrunk over the last four years and now half of all children entering foster care are in care for a year or less. While the State has not yet achieved the national standard for reunification (78% within a year) or the time to achieve adoption (36% within two years), the State is demonstrably heading in that direction.

Independent Living services to adolescents about to age-out of foster care have been expanded, yet stakeholders report that only about half of the adolescents who could benefit from these services actually receive them.

Adoptions have increased substantially over the past few years and reflect the State's commitment to the goal of the Adoption and Safe Families Act (ASFA) to speed permanency in those cases where reunification is not possible. Of the reviewed cases, there were no instances of a disrupted adoption.

Stakeholders reported there is a shortage of therapeutic homes and institutions for foster children with mental health needs. The review of the cases involving disrupted placements related to behavioral issues without a subsequent placement in a therapeutic setting would seem to confirm a shortage.

• 83.3% of the cases reviewed substantially achieved Permanency Outcome 2: The continuity of family relationships and connections will be preserved for children.

North Carolina has done an exceptional job in keeping foster care placements in close proximity to the families. In the foster care cases reviewed, 97% of the children were placed in the same community or county from whence they came.

The State has emphasized the importance of keeping siblings in foster care together where possible, even to the point of waiving space and capacity requirements in certain cases in order to do so. Stakeholders pointed out that the large growth in Hispanic families without a concomitant recruitment of Hispanic speaking foster parents might jeopardize future sibling placements.

There has been an increased reliance on relative placement in lieu of foster care. Use of relatives for children who needed to be removed from their own homes increased from 14% to 19% over the past four year.

# Status of Permanency Outcomes: Need for Improvement

#### III. CHILD AND FAMILY WELL-BEING

• 68% of the cases reviewed substantially achieved Well-Being Outcome 1: Families will have enhanced capacity to provide for their children's needs.

Fourteen cases out of fifty did not have service needs identified, or if identified, did not have them met. In-home service and foster care cases involving adolescents were least likely to have service needs addressed.

Child and family involvement in case planning was inconsistent across sites. Teenage children and parents were not involved in about one third of the cases reviewed. Stakeholders cited time constraints associated with high caseloads.

For the most part, caseworkers were conscientious in visiting children in foster care on a regular basis. They were less conscientious in meeting state standards for visitation in in-home service cases.

• 80.4% of the cases reviewed substantially achieved Well-Being Outcome 2: School-age children will have educational achievement appropriate to their abilities.

The majority of cases reviewed indicated that appropriate educational assessments were completed. Appropriate referrals were made for children with special educational needs.

Stakeholders reported improvement in children's educational progress through Individualized Education Program planning meetings and agency supervisors' focus on involving social workers and foster parents. Foster parents are seen as competent and dedicated to helping children achieve their educational goals.

Unmet educational needs more often involved adolescents with behavioral/mental health issues.

• 68% of the cases reviewed substantially achieved Well-Being 3: Children will receive adequate services to meet their physical and mental health needs.

In the foster care cases reviewed, physical exams were secured shortly after placement, and there was consistent follow-up and referral for health needs identified from the exams. Health care resources were sufficient and easily accessible.

There are no standards for addressing health needs for in-home service cases and in a few cases, serious health problems were not addressed.

In about one out of five cases reviewed, mental health issues were either not identified or identified but with no follow-through. This shortfall occurred most often in in-home service cases. Stakeholders cited as reasons an over-burdened mental health system and difficulties in securing payment for non-Medicaid-eligible children.

# **Status of Well-Being Outcomes: Need for Improvement**

#### **KEY FINDINGS FOR SEVEN SYSTEMIC FACTORS**

#### I. STATEWIDE INFORMATION SYSTEM

North Carolina has two semi-linked systems, a Services Information System and a Child Placement and Payment System, which, while not having the case management capability of a Statewide Automated Child Welfare Information System (SACWIS), can produce the information required by regulation, namely, the status, demographic characteristics, location and goals of every child who is (or within the immediately preceding 12 months, has been) in foster care.

# **Status of Statewide Information System: Substantial Conformity**

#### II. CASE REVIEW SYSTEM

Generally, case plans were documented in the records. Despite an inconsistent effort to involve interested parties in the development of the plans, it is the policy of the agency to involve the parents and/or children in the development of the plans.

Stakeholders reported that the emphasis of the Adoption and Safe Families Act (ASFA) legislation to achieve permanency as soon as possible had impacted county operations in terms of expedited court activity to terminate parental rights, where warranted, and to increase the number of adoptions as both a goal and actual outcome.

A statewide automation system is in place, alerting every county department of all foster care cases requiring the 12-month permanency hearing.

Local permanency review committees, composed of a diverse group of community stakeholders, meet on a monthly basis to assess the permanency goal for all children in foster care.

The State has an exemplary Guardian Ad Litem (GAL) program, with GALs in every county and available to be involved in every pertinent case.

# **Status of Case Review System: Substantial Conformity**

#### III. QUALITY ASSURANCE SYSTEM

North Carolina conducts a comprehensive biannual review of child protective services in all counties. In 1996, standards were developed for Child Placement Services programs as well. The review entails an onsite review of sampled cases in counties and a review of six categories: Intake, Investigative Assessment, Case Planning and Management, Prevention and Placement, Planning Following Placement, and Legal Process and Documentation. Each review area has

designated criteria and county offices are required to develop Program Improvement Plans (PIPs) for any category receiving a score of 80% or less.

# **Status of Quality Assurance System: Substantial Conformity**

#### IV. TRAINING

State statutes require 72 hours of pre-service training prior to engaging families, and 24 hours of additional in-service training. Stakeholders, staff and supervisors perceive the training as a critical, positive component of professional development. In 1999, 222 training events were offered through the Children's Services Statewide Training Partnership. Over 7,000 participants attended these events, an increase in the number of events presented and number of participants over the previous year.

Since 1995, State statute has required that prospective foster parents receive 30 hours of training prior to licensure and 10 hours of in-service training annually thereafter. Foster parents acknowledged participation in the required MAPP (Model Approach to Partnership in Parenting) course, and touted the quality of this training.

# **Status of Training: Substantial Conformity**

#### V. SERVICE ARRAY

The Division of Social Services has developed a vast array of collaboratives and partnerships with other State agencies and local service providers to develop new and innovative methods for meeting service needs. These include a Families for Kids planning grant, initially funded by the W.K. Kellogg Foundation, a collaboration with the Division of Mental Health and Substance Abuse called "New Beginnings", to meet the behavioral health needs of children, an innovative collaborative program with the medical community implemented in 24 counties that includes intensive primary prevention services with frequent home visits.

Others include a "system of care" agreement between DSS, Mental Health and Juvenile Justice for working with children who overlap the service boundaries of all three agencies, the Teen Health Connection, a specialized teen medical facility and a Pediatric Resource Center that does medical evaluations and forensic interviewing in sexual and physical abuse cases.

Although insufficient to meet the current and growing need, Intensive Family Preservation Services and Independent Living Services are available in a majority of counties. Stakeholders expressed concerns in some areas about the lack of effectiveness of mental health, substance abuse and domestic violence services.

# **Status of Service Array: Substantial Conformity**

#### VI. AGENCY RESPONSIVENESS TO THE COMMUNITY

While external partnerships vary depending on the locality, there is an overall healthy sense of cooperation between DSS and law enforcement, Tribes, courts, mental health, child advocacy, and other child and family-serving agencies in the community. DSS has strong collaborative partnership relationships resulting in memoranda of understanding, cross-training, joint training and community education of agency policies and mission.

In some localities, one-stop-shop centers exist in cooperation with other Federal or federally assisted programs serving the same population.

Some stakeholders felt more attention should be focused on involving community partners in quality assurance efforts, such as the biennial reviews and policy development.

## **Status of Agency Responsiveness to the Community: Substantial Conformity**

# VII. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

During the initial assessment for foster families and adoptive homes, references must be obtained and fingerprint-based criminal history checks must be conducted. In addition, 30 hour of preservice competency based training is required for foster and adoptive parent applicants. There are also fire and building safety regulations, health and environmental regulations that foster family homes are required to meet.

Stakeholders reported at the time of the review that children were often placed in foster homes before criminal background checks were returned. This provisional use of foster homes defeats the purpose of the criminal background check and puts children at risk.

Foster care and adoption policies and standards include requirements that counties must recruit foster and adoptive homes that reflect the ethnic and racial identity of children in care. The State also has contracts with private agencies, including Another Choice for Black Children, to recruit, train, and prepare adoptive parents for children with special needs. DSS also has a partnership agreement with the General Baptist Convention of North Carolina, Inc., a convention that includes over 5,000 African-American Baptist Churches. In 1999 this partnership was expanded to include all African-American Churches, regardless of denomination. The purpose of the partnership is to assist the State in the recruitment of foster and adoptive homes in the African-American community.

From stakeholder interviews and the case review, it was apparent there is a substantial and growing need for Hispanic foster and adoptive parents.

# Status of Foster and Adoptive Parent Licensing, Recruitment and Retention: Substantial Conformity.